



BEAR CREEK TOWNSHIP CONDITIONAL USE APPLICATION

Revised 3-6-08

BEAR CREEK TOWNSHIP
3333 Bear Creek Boulevard
Bear Creek Township PA 18702
Phone (570) 822-2260
Fax (570) 704-0237

1. NAME, ADDRESS AND PHONE NUMBER OF APPLICANT:

2. NAME, ADDRESS AND PHONE NUMBER OF OWNER OF RECORD:

3. LOCATION OF PROPERTY AND ZONING DISTRICT IN WHICH THE SUBJECT PROPERTY IS LOCATED:

4. PRESENT USE OF LAND AND/OR STRUCTURE(S):

5. TYPE OF CONDITIONAL USE AND COMPLETE DESCRIPTION OF PROPOSED USE OF LAND AND/OR STRUCTURE: USE ADDITIONAL SHEETS IF NECESSARY:

6. DRAWINGS AND ALL SUPPORTING MATERIAL AS REQUIRED UNDER ARTICLE 7 OF THE ZONING ORDINANCE ATTACHED?

YES NO

7. A COPY OF INITIAL APPLICATION FOR A ZONING PERMIT AND DECISION FROM ZONING OFFICER MUST ACCOMPANY THIS APPLICATION.

8. DATE OF MEETING FOR PLANNING COMMISSION REVIEW OF APPLICATION:

I ATTEST TO THE FACT THAT THE ABOVE INFORMATION AND ALL SUPPORTING MATERIAL AND/OR DATA RELATED TO THE SUBMISSION OF THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IT IS UNDERSTOOD AND AGREED BY THE APPLICANT AND/OR OWNER THAT ANY ERROR, MISSTATEMENT OR MISREPRESENTATION OF MATERIAL FACT, EITHER WITH OR WITHOUT INTENTION ON THE PART OF THE APPLICANT AND/OR OWNER, SHALL CONSTITUTE SUFFICIENT GROUNDS FOR THE REVOCATION OF ANY ZONING APPROVAL THAT MAY BE ISSUED FOR THIS CONDITIONAL USE APPLICATION.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OWNER
(OWNER OF RECORD AS PROVIDED BY DEED)

DATE

THE OWNER'S SIGNATURE IS ALWAYS REQUIRED. FAILURE TO PROVIDE OWNER'S SIGNATURE WILL RESULT IN YOUR APPLICATION BEING DEEMED INCOMPLETE AND IT WILL BE RETURNED TO YOU.

FOR TOWNSHIP USE ONLY

A	Zoning Permit Application Number		E	Planning Board Recommendation	
B	Date of written request for hearing		F	Board of Supervisors Decision	
C	Publication dates of Public Notice		G	Date Decision Rendered	
D	Date of Public Hearing		H	Date Applicant Notified of Decision	